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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CIP of 10/336,104 01/03/2003 and is a CIP of 09/859,320 05/16/2001

**** FOREIGN APPLICATIONS *******
 NONE - PA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: [Signature] Initials: [Initials]	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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TITLE
 Method of and system for rules-based population of a knowledge base used for medical claims processing

FILING FEE RECEIVED 1132	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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